

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Check Last Year Completed	List Degree
Elementary			5 6 7 8	
High			1 2 3 4	
College			1 2 3 4	
Other (Specify)			1 2 3 4	

Briefly summarize special skills and qualifications you have acquired from your employment or other experience.

HONORS RECEIVED: State any additional information you feel may be helpful to us in considering your application. If necessary, please use a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or any handicap or other protected status):

Please list the name, address, and daytime telephone number of three references who are not related to you and are not previous employees:

1. _____
2. _____
3. _____

Do you speak a foreign language? If so, note below; please list your ability to read and write in that language.

EMPLOYMENT HISTORY

Please give an accurate, complete employment record, filling out all sections. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which may disclose your race, religion, color, national origin, gender, handicap, or other protected status.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title				
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Agreement

If I am employed, in consideration thereof, I agree to conform to the rules and regulations of the YWCA Princeton and I recognize, understand, and agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of the YWCA Princeton. I understand that no one other than the Chief Executive Officer has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the Chief Executive Officer of the YWCA Princeton.

I certify that answers given therein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I also agree to permit the YWCA Princeton to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed.

In the event of employment, I understand that false, incomplete, or misleading information given in my application or interview(s) shall result in discharge. I also understand and agree that employment may be subject to my receiving a physical examination from a physician, and that in her/his opinion I must be physically and mentally able to perform the work for which I am applying or being considered. I understand, also, that I am required to abide by all the rules and regulations of the YWCA Princeton.

The YWCA Princeton is an at will employer.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

INTERVIEW RESULTS

Interviewer	Date	Comments

REFERENCE CHECKS

Name of Employer	Contact Person/ Telephone	Verified Date of Employment	Comments
1.			
2.			

Name of Personal Reference	Contact Person/ Telephone	Comments
1.		
2.		
3.		

THIS APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS FROM THE DATE OF THE APPLICATION